

Many other cases could be reported to show the success following the thorough removal of the cause for persistence of pus in pyorrhea, which to my mind proves the local character of the disease, and shows that malnutrition plays but a small part when the actual irritation is removed.

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### THERAPEUTICS OF INFLAMMATION.\*

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This subject would indicate a paper of wide scope and the consideration of a matter which has often been thoroughly aired and discussed. I do not wish, however, to weary you with any generalities, but rather to take up some forms and conditions of inflammation which will interest you as dentists, as well as practitioners of medicine. As was suggested here last year, there is a common ground upon which dentists and doctors may meet, and the therapeutics of inflammatory conditions about the mouth, though a place oftentimes studiously avoided by both professions, should be cultivated in common by both.

I do not wish to enter into a controversy as to the definition of inflammation, but will merely state that my remarks have to do more particularly with the pathologic condition characterized by an exaggeration of physiologic function in which engorgement and pain are the two characteristic symptoms. The rational treatment for all inflammatory processes is to remove the cause, if possible. This usually takes us into the field of surgery, as nearly all the inflammatory processes are of bacterial origin, but there is still left for the therapist an opportunity of relieving the pathologic conditions present when the other alternative is not to be accomplished, or during the time when a diagnosis is being made.

Heat and cold are the two remedies most extensively used for the relief of congestion and pain and there has been considerable discussion as to which is the more efficacious for this purpose. When the up-to-date surgeon appears before a learned body of his professional brethren he advocates the use of cold only, as that impedes the propagation of the germs which he assumes cause the trouble. In his private practice, however, he allows the use of hot applications and poultices, because it relieves the pain, and nobody will find out how antiquated his practices are in comparison with his precepts. On the other hand, the empiricist adheres strictly in precept and practice to the use of hot applications, because experience has taught him that they alleviate the two prominent symptoms present—engorgement and pain. For my part, however, it appears that each has a proper place in the therapeutics in inflammation without violating the laws of reason or repudiating clinical experience.

In the first stage in inflammation, when there is dilatation of the afferent blood-vessels and an increase in the rapidity of the flow of blood, cold applied to the part will contract the vessels and prevent the subsequent engorgement, and in this manner pain may be avoided. On the other hand, when the engorgement is already present and blood stasis has supervened, then the application of heat will dilate the afferent vessels, relieve the engorgement and alleviate the pain. This same principle

applied to internal medication will also be useful in the relief of these symptoms.

The immediate indications in the treatment of these conditions are for the relief of pain. In true inflammatory processes pain is caused by the engorgement of the blood-vessels and the impingement of the nerve filaments by the consequent exudate. The rational method, therefore, of relieving it is to reduce the arterial tension. This may be done by dilating the peripheral vessels, either by the use of diaphoretics, cardiac depressants, or counterirritants. Arterial tension is also reduced by the use of hydragogue cathartics, and congestions about the head are particularly benefited by the use of cholagogues. On the other hand, opiates, by checking alimentary secretion and increasing the blood-supply to the head, not only fail to be useful, but are contraindicated, except when given in the form of Dover's powder, which acts as a powerful diaphoretic, and relieves the congestion. In painful affections of an asthenic type, such as in neuralgias caused by faulty nutrition of the nerve-centers, they act promptly and well. In treating inflammations about the mouth I think the following hints will be of service: 1, a powerful purge, such as calomel in 10-grain doses, should be given, followed by a saline cathartic; 2, a coal-tar analgesic acting upon the skin, such as antipyrin in from 5 to 10 grain doses, or, in people of rheumatic tendencies, salol and phenacetin in 5-grain doses, each, or acetanilid and salicylate of soda in similar doses. If, on account of the condition of the patient, these heart-depressing coal-tar derivatives may not be deemed advisable, Dover's powder in 5 to 10 grain doses may be substituted. This treatment is not calculated in any way to remove the cause of the malady, but rather to mitigate the pathologic conditions presenting during the interval between the time of diagnosis and the completion of the surgical procedure. In inflammation, especially in the bony cavities about the mouth, such as pulpitis, this treatment will be found to be particularly valuable, as a considerable time often elapses before an accurate diagnosis can be made. The rationale of this treatment is apparent, as the lowering of the arterial tension by cathartics and diaphoretics not only prevents any further exudate and consequent pain, but also promotes absorption, while the coal-tar derivatives have specific analgesic properties. Illustrative of this point I wish to relate a case:

Mr. X., aged 45 years, laborer, was attacked with severe headache. A physician was consulted, who pronounced it neuralgic in its nature. The patient was told to consult a dentist, who extracted one or two teeth in the neighborhood of the most painful portion of the jaw from which the pain seemed to start. This afforded no relief. The dentist was asked to remove the one remaining tooth, which he refused to do, because it was perfectly sound. He was referred back to the doctor, who was convinced that his diagnosis was wrong and proceeded to treat the case symptomatically, as he had no basis for a diagnosis. Morphine was given in  $\frac{1}{6}$ -grain doses, which was increased until the patient received  $\frac{1}{3}$  grain in every three hours, the result being that the pain increased to such an extent that he could not lie down at all. At the same time, on account of the soporific action of the morphine, he could not stay awake long enough to stand up. When in this pitiable condition I was called to see him. I made a diagnosis of a circumscribed inflammation within a bony cavity and too much morphine; and prescribed 10 grains of calomel and 10 grains of jalap to be taken in one dose, followed in four hours by one ounce of Epsom salts. The relief

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was remarkable, and to my mind strengthened the diagnosis. Dr. G. V. I. Brown was called in consultation, and a careful examination was made. Percussion elicited the fact that an inflammatory process was going on in the pulp of this apparently sound tooth. Dr. Brown removed the cause, and an immediate recovery followed.

The conclusions that I wish to draw from this case are:

1. Patients should not be sent from doctor to dentist and back again when a consultation is possible.

2. We should not take such a radical view of surgical procedure as the only method of curing inflammatory processes as to prevent our using all possible means for the relief of the patients during the time when a diagnosis is being made and the surgical treatment instituted.

3. We should not resort to the promiscuous use of opiates or any other analgesic as a temporary measure when the pathologic conditions may be treated rationally.

4. Having made our patients comfortable we should take plenty of time to make an absolute and accurate diagnosis, thereby saving the patient the annoyance of undergoing unnecessary and painful operations and possibly preserving for him his teeth or other necessary organs.

### MEDICAL JOURNALISM.\*

#### ITS END AND AIMS.

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NEW YORK CITY.

Let me preface my paper with an expression of my deep appreciation of the honor which your President has conferred upon me by asking me to address you. But the personal element in his invitation, however flattering, was entirely overshadowed by the fact that the invitation itself was an evidence that the principles whose adoption by the profession I was perhaps the first to urge, in an insistent and chronic fashion, were to receive the recognition of a public hearing before the representative body of American medical journalists. For your President suggested that I write upon part of the general subject to which my editorials have been devoted.

My paper is not a long one because, not devoted to a scientific subject, it gives no scope for the usual padding of domestic and foreign quotations and references; it is, moreover, upon a theme of such paramount and urgent importance that any save the directest treatment would be inappropriate and nugatory. I have chosen for this dissertation "The End and Aims of Medical Journalism," and I shall endeavor to show that this journalism, if true to itself, can adopt but one End though its Aims may be many.

In the economy of human nature there is a principle to which all of us are at all times subject. It is a necessity of intelligent existence and is called "the law of accomplishment." In every act or series of acts of every man, whether it be to pass an idle hour or the performance of some serious work, there must always be, latent or expressed, one dominant idea—a purpose, an ultimate

object, *an end*. So complex are we, for the accomplishment of every ultimate object or end one or more subsidiary acts are necessary and the particular purposes or objects of these secondary acts are properly defined, in their relation to the main object, as *aims*.

It is in this sense and thus defined that I would consider the end and aims of medical journalism. It is beside the question to discuss the end and aims of individual journals or the special ideas of individual editors; it is the idea of *united accomplishment*, conveyed by the term "journalism," and its special application not only to medical subjects but to the medical profession, as expressed by its adjective, which shall occupy our attention.

It is not enough to minister to the wants of the profession merely as individual men, for it means little save irony to the average practitioner that he may read of the latest advances in his science if his family be constantly at the starvation point because his profession is powerless to protect him against the rivalry of pseudo-charitable hospitals and dispensaries, legalized quacks and other malignant enemies. To enlarge upon this idea I would say that everything which makes not only for the advancement of scientific knowledge but for the better application of this knowledge in the prevention and cure of disease comes within the scope of medical journalism. But the higher the profession stands as a corporate body in the estimation of the community, the greater must be its influence for good upon the public health. The piping voices of individual physicians can not command more than the passing, casual attention of the body politic or social but the united voice of the medical profession would come as an authoritative, irresistible force. It would be the decision of the supreme court of science, against which there is no appeal.

The *end* of medical journalism, therefore, must be to strive for the corporate interests of the profession, to struggle to obtain its recognition as a corporate force in fact as well as in name, that thus the public well-being in all that pertains to health, of which the profession avowedly stand as the mentors and arbiters, may be best protected and advanced. Nothing less, evidently, than this idea in its broadest scope can fill the end of medical journalism.

With this end in view, what are the means to be employed in its accomplishment, what are its "indications?" Some of these are self-evident, others are not. If medical journalism is to become the constructor of an united, corporate profession, if thereafter it is to be the defender and the mouth-piece of this great body, it must first construct *itself*; it must subordinate its special, individual interests, when necessary, to the common good and must unite in earnest for the same end and with the same aims. Petty jealousies, born of the fear of competition, and distrust must be put aside. The great journals, of far-reaching influence owing to a larger capital, must not contemn and elbow out their smaller brethren who are conscientiously working, to the extent of their ability, for the same great end. On the contrary, a policy of encouragement and helpfulness is absolutely called for here. And indeed it is needed. No society was ever reformed by those, no matter how well inclined, whose existence was a daily struggle for bare maintenance; it is there we must look rather for a natural resentment against the irony of an undeserved fate. And it is well if, beset as they are by spacious temptations, they maintain the ethical code of their more fortunate fellows. What a parody upon honesty and truth, what hypocrisy, if the great and well-to-do medical journals, preaching altru-

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